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Country programme document**

Guatemala

Summary

The country programme document (CPD) for Guatemala is presented to the Executive Board for discussion and approval. The Executive Board is requested to approve the aggregate indicative budget of $5,770,000 from regular resources, subject to the availability of funds, and $40,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/14.

** In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on a draft version that was shared with them 12 weeks before the 2014 second regular session of the Executive Board.

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Programme rationale

1. Guatemala has an estimated population of 15.8 million,[1] 48 per cent of whom are children. Forty per cent of inhabitants identify themselves as belonging to one of three main minority population groups covering 22 linguistic communities, although it is generally accepted that this number is underreported. The country has made progress in several areas, such as reducing infant and child mortality, increasing primary education completion rates, keeping HIV prevalence at bay, and improving access to improved drinking water and sanitation facilities. In addition, key legislation to protect children from violence, abuse and exploitation was approved in recent years, during which the capacity of public institutions and civil society were strengthened and inter-institutional coordination was enhanced. However, inequity, discrimination, violence, exclusion from education and chronic malnutrition persist, representing significant challenges to achieving social inclusion and fulfilling children's rights.

2. Annual public investment targeting children increased from $167 to $238 per child between 2009 and 2013. However, allocations for children are only around 20 per cent of the national budget, which is, overall, very small. In 2013, the national budget was 15.7 per cent of Gross National Product (GNP), the lowest in Latin America, where the regional average was 32.5 per cent of GNP.[2] Further analysis demonstrates the dire situation of public spending for adolescents, which represents only 1.7 per cent of GNP – or $0.54 per adolescent per day in 2013.

3. In 2010, the Committee on the Rights of the Child highlighted the country's weak implementation of the Comprehensive Protection System and high levels of malnutrition among children. It also cited the need to (a) develop comprehensive strategies to eliminate all forms of discrimination; (b) reduce poverty among children and increase expenditures targeting them; (c) de-institutionalize children in residential care; (d) reform law and practices regarding the juvenile justice system; and (e) improve birth registration coverage, particularly in rural areas. In response, Guatemala has made political commitments to reduce chronic malnutrition and strengthen child protection mechanisms at regional and municipal levels, with support from UNICEF. Challenges remain in the areas of child poverty, financial investment, juvenile justice and de-institutionalization. And the lack of reliable, disaggregated data on birth registration hinders the development of targeted interventions to raise coverage.

4. In 2006 the multidimensional poverty rate of children (poverty viewed from a rights perspective that analyses child deprivation beyond monetary poverty) was 79.7 per cent,[3] the second highest in all of the Latin America and Caribbean region. According to 2011 data, 4.6 million children and adolescents, or 62.2 per cent, were living in monetary poverty; among children in rural areas that rate was 76.1 per cent, and 79.1 per cent among indigenous children.[4]

5. Chronic malnutrition affects 49.8 per cent of children under 5 – the sixth highest rate in the world.[5] Inequities are evident among indigenous children (66 per cent) versus non-indigenous children (36.2 per cent), as well as among children living in rural (58 per cent)

[1] *Instituto Nacional de Estasticas (*National Statistics Institute), 2013.
[2] ¡Contamos! (series of publications) 7 and 12, UNICEF/ICEFI 2011 and 2012.
[3] *La Comisión Económica para América Latina (CEPAL)*/UNICEF, 2010.
[4] National Survey of Living Conditions (ENCOVI), 2011.
[5] Demographic and Health Survey, 2008/9.

versus urban (34.3 per cent) areas. Among children whose mothers had no education, chronic malnutrition rates were 69.3 per cent, whereas for children whose mothers had higher education, it was only 14.1 per cent. Among the poorest quintile, malnutrition impacted 70.2 per cent of children, compared to 14.1 per cent in the richest quintile.[5] In spite of recent progress, approximately 3.9 million people still lack access to an adequate water source and 7 million – largely rural populations living in poverty – lack adequate sanitation.[6]

6. After primary school enrolment rose to a high of 98.3 per cent in 2009, it dropped to 88.6 per cent by 2013,[7] due in large part to a change in government-sponsored conditional cash transfers. Primary school children reaching sixth grade has increased consistently, reaching 87.4 per cent in 2013, but only 33.5 per cent of them achieved this at the official age. No significant progress was made in preschool net enrolment (41 per cent in 2001 and 45 per cent in 2012).[7] Access to secondary education rose from 29 to 43 per cent between 2001 and 2012, but more than half of all children remain excluded from timely access, the highest rate in the Central America. A key bottleneck is the insufficient number of public secondary schools across the country, which account for 42.6 per cent of all schools.

7. At national level, there is no major gap between girls' and boys' net enrolment and completion rates for primary education, but there is a notable disadvantage for girls to continue to secondary education, where 54 per cent of students are boys.[7] In regions with a high proportion of indigenous populations, the gap in enrolment between girls and boys widens with every grade.

8. Between 1990 and 2012, the under-five mortality rate fell from 80.4 to 32 per 1,000 live births. During the same period, infant mortality dropped from 59.5 to 27 per 1,000 live births.[8]

9. The maternal mortality rate in Guatemala is 140 maternal deaths per 100,000 live births – far from the Millennium Development Goal (MDG) of 55 per 100,000.[8] Maternal mortality in the north-western and northern regions, where over 70 per cent of inhabitants are indigenous, exceeds 200 per 100,000 live births, compared to 58 in metropolitan regions.[9] Nationally, 51 per cent of women give birth in the presence of a skilled health worker, a level that drops to 30 per cent among indigenous women.[9] The limited availability of skilled health workers, limited access to quality, user-friendly services for mothers, long distances to adequately equipped health facilities, and persisting cultural practices to give birth at home are the main factors impacting maternal mortality.

10. HIV prevalence among the general population in Guatemala is 0.7 per cent.[10] Poor access to antenatal care, resistance to HIV testing and a scarcity of test kits are among the reasons why Guatemala has the highest rate of vertical transmission in Latin America: 15 per cent of children born to mothers diagnosed as HIV-positive in 2013 are infected. Only 350 of the estimated 5,000 HIV-positive children under-15 receive treatment.[11] The main barriers to treatment include the limited number of health facilities providing paediatric HIV treatment, the economic burden of seeking treatment, and fear of stigma. There is no social protection programme to support this group of children. Regarding awareness of HIV

[6] National Survey of Living Conditions (ENCOVI), 2011.
[7] *Anuario estadístico del Ministerio de Educación*, 2012.
[8] The State of the World's Children, UNICEF, 2014.
[9] Demographic and Health Survey, 2008/9 (this is the first hand source).
[10] AIDS Info, www.unaids.org (2012 estimations exercise).
[11] UNGASS, 2012.

transmission, only 25.4 per cent of men and 20.3 per cent of women between 15 and 19 years of age have comprehensive knowledge.[12] The figure is even lower among the indigenous, uneducated and lowest income population groups.

11. High rates of violence severely impact children. In 2013, 14.5 people per day suffered a violent death – 9.2 per cent of whom were under 18.[13] Violent deaths decreased slightly between 2010 and 2012, but the trend reversed in 2013. Guatemala has the fifth highest homicide rate in the world,[14] a reflection of the country's general tolerance of violence as well as its lack of prevention programmes, educational and vocational training opportunities and meaningful employment options for adolescents. Murders orphan approximately 40 children per day.[13] Impunity remains a problem, but there has been improvement recently; 24 per cent of crimes against children resulted in a sentence for the perpetrator(s) in 2013,[15] compared to 4 per cent in 2010.[16]

12. The Judiciary noted 3,096 cases of domestic violence against children between January and September 2013. Additionally, 12 daily cases of sexual violence against children were registered separately from other types of violence, such as trafficking for illegal adoption or sexual exploitation, and abduction. Although no statistics are available, the migration of unaccompanied children out of the country has also become a serious issue. Children crossing borders illegally are exposed to multiple risks of abuse, exploitation and violence.

13. In 2013, Guatemala had 5,474 institutionalized children (1,925 in public institutions and 3,549 in private ones) and only 35 per cent have a court order to be placed in residential care for protection purposes.[17] The main reasons for placing children in residential care are family conflict, negligence, sexual abuse in the home, domestic violence, drug addiction and poverty.

14. Teen pregnancy is a serious violation of child rights, resulting in health hazards for mother and child, as well as social exclusion. In Guatemala, the legal age of marriage is 14 years for girls and 16 for boys. An alarmingly high number of girls aged 10-14 years give birth, equalling 4,354 in 2013 (all considered rape by law).[18] A report from the Public Prosecutor's Office demonstrates that over 80 per cent of cases of sexual aggression against girls under 14 are committed by a family member. In 2013, there were 63,412 births registered among mothers aged 10-19 years. United Nations agencies supported the development of a National Plan for the Prevention of Adolescent Pregnancy. Persisting impunity, combined with tolerance to sexual abuse against young girls are critical causal factors for these challenges.

15. The country's vulnerability to natural disasters – especially during the rainy season – are exacerbated by climate change. According to the assessment by the Economic Commission for Latin America and the Caribbean (ECLAC), the combined losses caused by Tropical Storm Agatha in May 2010 and the subsequent eruption of the Pacaya volcano

[12] Demographic and Health Survey, 2008/9.
[13] National Institute of Forensic Sciences (INACIF), 2013.
[14] The Global Study on Homicide 2013, UNODC, 2014.
[15] Attorney General's Office, 2014.
[16] The International Commission on Impunity in Guatemala, 2011.
[17] National Adoption Council, 2013.
[18] Observatory of Reproductive Health, Birth Registration by maternal age, General Health Information System (SIGSA), 2013.

totalled $982 million. In 2012, a 7.2-earthquake resulted in estimated losses of $128 million.

16. An education bottleneck analysis introduced in 2012 has allowed key partners to systematically analyse existing issues and explore innovative approaches to resolve them. In order to reduce repetition and drop-out rates among first graders, the Ministry of Education focused on enhancing the teachers' capacity to teach literacy, raising parental engagement, and strengthening local monitoring. These interventions led to a 13.1 per cent decrease in the failure rate among first graders within 18 months. Encouraged by this result, the Ministry institutionalized the bottleneck analysis approach and is applying it to expand access to preschool and secondary school. The success also leveraged resources of other partners, such as the Inter-American Development Bank (IaDB) and the United States Agency for International Development, to invest in strategies to decrease the repetition and drop-out rate among school children. A bottleneck analysis was also applied to identify key interventions to reduce chronic malnutrition, focusing on prenatal control, breastfeeding, and complementary feeding practices. The findings led the Ministry of Health and the Secretariat for Food and Nutrition Security to launch a new Communication for Development strategy to generate key behavioural changes at community level, which has been expanded to 58 per cent of the municipalities in the country.

17. UNICEF contributed to establishing child protection mechanisms in 80 municipalities and 10 regions since 2011. Consisting of an office at municipal level that connects people to State child protection institutions, this mechanism is designed to overcome language barriers, lack of knowledge of official reporting procedures, and weak coordination within and among public institutions. In 2013, over 4,000 cases were reported to such municipal protection mechanism, the majority of which would have gone unreported. To address the deficiency of intra-institutional coordination, UNICEF also helped build capacity of public institutions at regional level and strengthened strategic collaboration between regional and municipal levels on child protection. Expanding these municipal protection mechanisms is a priority for the coming years.

Programme priorities and partnerships

18. The country programme has four priority components: social inclusion, child and adolescent protection, education, and nutrition supported by health and water, sanitation and hygiene (WASH) interventions. The overall goal of the programme is to contribute to national efforts to realize the rights of children and adolescents by using the Millennium Development Goals, the post-2015 Agenda and relevant development documents, such as K'atun 2032 (Guatemala national development plan). It also seeks to progressively reduce disparities and inequities, with particular attention to indigenous children. The programme remains aligned with national priorities, which through 2015 are based upon three pacts: the Zero Hunger; Security, Justice and Peace; and Fiscal and Competitiveness pacts. The programme is a part of the United Nations Development Assistance Framework (UNDAF) in the areas of sustainable development, social development, safe and secure society, justice for all, and multicultural and diverse society, with particular emphasis on children, women, and indigenous persons.

19. UNICEF will participate in each United Nations coordination group that corresponds to the five main priority areas of UNDAF. Additionally, the United Nations system has 12 inter-agency groups to coordinate interventions, advocacy and communications and operational issues. UNICEF will participate actively in these, and lead as appropriate.

UNICEF will continue to build on its strong partnerships with the public sector, civil society and other international cooperation agencies. In addition, the private sector of Guatemala will be an ever important ally in promoting corporate social responsibility, given its increasing engagement on social issues.

Social inclusion

20. Indigenous persons suffer from historical and structural exclusion and discrimination; indigenous girls are the most excluded, scoring the lowest in almost all social indicators. Children with disabilities and children affected by HIV/AIDS represent other groups that are excluded from the mainstream agenda. This programme component aims to help these disadvantaged children and adolescents to benefit from policies that accelerate social inclusion and fulfil their rights to survive and thrive.

21. UNICEF technical assistance and advocacy will focus on generating political and administrative commitment within the Ministry of Social Development (MIDES) to build a social protection system. Furthermore, it will support policies that bring coherence to the services targeting children and adolescents in socially vulnerable situations – services based on recommendations of the Convention on the Rights of the Child, Convention on the Elimination of all forms of Discrimination against Women (CEDAW), and other relevant international instruments. UNICEF will also support efforts to generate a national Early Childhood Development (ECD) policy; this will not only help to target the most vulnerable children, but will also strengthen accountability. Advocacy will focus on adequate allocations of national resources for social protection programmes, on ensuring objective eligibility criteria for cash transfer programmes, and the exchange of good practices will be promoted through South-South cooperation inter alia with Brazil, Chile and Mexico, where such programmes have significantly helped reduce inequity and accelerated social inclusion.

22. UNICEF will strengthen the abilities of the Ministry of Social Development and the National Council of Youth (CONJUVE) to promote adolescent participation. This includes supporting opportunities for youth across the country to create and strengthen youth-led organizations, and to improve alliances among them. Particular attention will be focused on ensuring these organizations expand participation of the most disadvantaged groups.

23. Considering the level of social exclusion and vulnerability that adolescent indigenous girls face, UNICEF will help to increase knowledge and capacity of adolescent girls, particularly indigenous ones, to participate in social, political life and protect themselves from HIV and teenage pregnancy. This empowerment model – drawing on strategies developed during the first phase of the United Nations Joint Programme on Adolescent Indigenous Girls – will help generate an increased demand for quality services geared towards adolescent girls. Based on the situation analysis, specific focus will be placed on 60 particularly marginalized municipalities with a high proportion of indigenous persons.

24. The National Plan to Reduce Adolescent Pregnancy (PLANEA) will continue to mobilize commitment among policymakers and the public to promote social inclusion of children and adolescents in extreme vulnerability. Toward this end, key alliances will be expanded with the public sector, civil society, United Nations agencies, donor community and the private sector.

Protection of children and adolescents

25. The protection component seeks to expand availability and access to child protection mechanisms at regional and municipal levels that protect children and adolescents from rights violations – particularly those involving violence, abuse, exploitation and neglect; the areas in which children are most exposed to these violations will receive special attention. The emphasis will be on prevention, strengthening the protective capacities of families and communities and seeking alternatives to migration. This requires cross-sectoral coordination (involving State actors, United Nations agencies, and non-governmental organizations) to expand access to secondary education, alternative learning opportunities, entrepreneurship programmes, and improved social protection programmes. Inter-country collaboration will also be sought to address migration issues.

26. The main components of the child protection mechanism are to ensure strong coordination and a functional referral system between multiple State institutions to respond to the needs of children and prosecute offenders who violate their rights. UNICEF will work with the central and municipal governments, the judicial system, Congress, civil society and relevant United Nations agencies. Technical support will be provided to the judicial system to prosecute crimes against children as well as to promote alternative measures to assist adolescents in conflict with the law.

27. One aim of the protection component is to strengthen the technical capacity of key stakeholders to provide specialized, quality child protection services, thus increasing their accountability. Special attention will be paid to the protection of children without parental care, alternative care solutions, and the promotion of community support to vulnerable families. UNICEF will also support the child protection unit within the Ministry of Education to prevent violence and create a violence-free learning environment. South-South cooperation will be promoted to facilitate the exchange of good practices and strengthen violence prevention and alternative care. UNICEF will also play a catalytic role in promoting public-private collaboration to increase birth registration rates.

28. Envisioning the creation of a government body for child protection, UNICEF will promote legislation to better articulate the respective roles and responsibilities of child protection institutions, as well as to regulate alternative care for children based on the recommendation of the Convention on the Rights of the Child Committee. It will also advocate for adequate resource allocation (human and financial) to enforce legislation to protect children from violence. To facilitate the referral of children across institutions, UNICEF will provide technical assistance to design a harmonized data information system.

29. Activities targeting the general public aim to increase general knowledge and awareness of child rights. They also seek to reduce tolerance of any forms of violence against children – including gender-based violence – as well as impunity for crimes committed against children, building an environment in which the general public will report and denounce violence against children.

Education for life

30. In line with Educational Goals 2021, a landmark cooperative agreement to raise the quality of teaching and learning in Latin America and the Caribbean, guaranteeing access to universal preschool, primary and secondary education is a priority in Guatemala. Yet recent drops in primary school enrolment indicate that greater effort is required to reach all school-aged children, simultaneously expanding access to preschool and secondary

education. UNICEF will support the Ministry of Education to help children, particularly indigenous girls in rural communities, to access and complete at least one year of preschool and primary education. This, in turn, will create greater opportunities for secondary education.

31. UNICEF will help to design, adopt and apply norms and regulations to strengthen institutional and budget management, responding to the demand to universalize preschool, primary and secondary education. Support will continue to reinforce capacity to analyse the existing education management information system and take timely corrective action to ensure access and student retention. Social demand will be promoted to advocate for greater State funding for education.

32. Educating families and community members – particularly among indigenous populations – so that they may demand quality primary education and greater opportunities at the preschool and secondary level is a priority for UNICEF.[19] This component also aims to raise awareness among parents regarding the importance of children regularly attending school. Furthermore, in response to the transparency mechanism established by the Ministry of Education that requires schools to report back to the community, UNICEF will enhance the capacity of parents to analyse this information and conduct social auditing.

33. UNICEF will help to strengthen the capacity of the Ministry of Education's monitoring network to implement specific interventions to address bottlenecks, curb repetition and drop-out rates, and consider gender differences, inclusion, and cultural relevance within the learning environment. UNICEF will also guide the Ministry of Education to strengthen preparedness for natural disasters and enhance resilience.

Healthy start for life

34. The focus of the Healthy Start for Life component is on reducing chronic malnutrition and expanding access to quality prenatal, delivery and perinatal care, as well as supporting A Promised Renewed by accelerating a decline in child and maternal mortality. It envisions a comprehensive health, nutrition and WASH package for women and children to guarantee healthy growth and development – particularly during a child's first 1,000 days – as well as to reduce chronic malnutrition and maternal and infant morbidity and mortality. Indigenous women and girls will be a particular focus, as up to 70 per cent of them give birth at home, where they are more vulnerable to complications.

35. Healthy Start for Life will support the national strategy to reduce malnutrition and government efforts to coordinate a multi-sectoral approach to scaling up and sustaining interventions focused on the child's first 1,000 days. Technical assistance will be provided to the Ministry of Health to strengthen the health information management system so that it can guarantee the availability of relevant, real-time, disaggregated information to generate immediate response to women and children. As the leader of the WASH and nutrition clusters, UNICEF will support annual updates on emergency preparedness and response plans in coordination with a wide range of governmental and non-governmental partners and United Nations agencies.

[19] The 29 municipalities were selected based on the Human Development Index, Poverty rates, and multi-dimensional equity index developed by UNICEF Guatemala, and proportion of indigenous population (over 90 per cent of the population in these municipalities are indigenous).

36. UNICEF will build the capacity of health services at the community level to provide quality, culturally relevant services, with particular attention to antenatal care, HIV testing for pregnant women, Elimination of Mother to Child Transmission (EMTCT), paediatric HIV treatment, adequate micronutrient supplementation, and skilled services at birth. It will also contribute to improving institutional capacity to manage essential health supplies – such as micronutrients, HIV test kits, Oral Rehydration Sachets (ORS) and zinc – to ensure their availability. Equally critical, UNICEF will help to strengthen the capacity of midwives and community health workers to act as the agents of change in their communities.

37. Communication for development (C4D) will continue to be the key strategy to generate behaviour change among populations exposed to extremely vulnerable situations. Based on the findings from bottleneck analyses, advocacy efforts targeting caregivers and community leaders will be intensified to address the quality of prenatal care, exclusive breastfeeding, adequate complementary feeding, hygiene practices and early stimulation of young children. The inter-sectoral community commission for food and nutrition security – with participation from local representatives of the ministries responsible for health, education, nutrition and agriculture – will be strengthened to implement the C4D strategy in targeted communities. UNICEF will closely follow the impact of C4D work through periodic sample surveys.

Summary

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Social inclusion	1 875	5 250	7 125
Protection of children and adolescents	1 525	15 250	16 775
Education for life	939	9 250	10 189
Healthy start for life	1 431	10 250	11 681
Total	**5 770**	**40 000**	**45 770**

Programme and risk management

Funding budget table

38. Funding shortages, safety and security, natural disasters and epidemics are recurring issues highlighted in the country programme's risk assessment. Resource mobilization efforts will be intensified for thematic areas, which traditionally receive less interest from potential donors. UNICEF will also continue to promote partnerships with emerging regional donors and with the local private sector, with whom collaboration on malnutrition and birth registration has already begun. The country office will continue to help leverage resources from bilateral donors.

39. On safety and security, UNICEF continues to actively participate in the UN security management system, and strict compliance to all the Minimum Operating Standards for Security is given highest priority.

40. With regard to risks related to natural disasters, the programme will maintain vigilance regarding the UNICEF Early Warning and Early Action system. It will also include disaster risk reduction activities to strengthen local resilience and emergency preparedness and response capacity to reduce the negative consequences of recurring natural disasters.

41. UNICEF will continue to closely monitor for results through periodic internal programme reviews and semi-annual reviews with implementing partners, while ensuring the compliance with the Harmonized Approach to Cash Transfer (HACT). UNICEF will seek to adjust and provide more detail within its rolling workplan to facilitate timely implementation of programme activities.

42. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

43. UNICEF will support efforts to monitor the situation of children and government actions to comply with recommendations of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the UNDAF results through regular reviews with national partners. Together with other United Nations agencies, UNICEF will provide technical assistance to strengthen the Sectoral Coordinators Office of the National Statistics Institute to ensure the country produces, analyses and disseminates data on children and adolescents with disaggregation by gender, age, ethnic group and geographical area; this includes periodic national surveys, such as the Demographic and Health Survey.

44. UNICEF will strengthen the capacity of the National Statistics Institute to disseminate information through the DevInfo platform and support line ministries at national, regional and local level to improve the quality and timeliness of administrative data management. Toward this end, UNICEF will promote the benefits resulting from the application of bottleneck analyses in the education and nutrition sectors. This will be done by supporting partners to analyse determinants in real time to remove the main barriers that prevent excluded populations from accessing quality services.

45. UNICEF and other United Nations agencies will provide technical assistance to the Presidential Secretariat for Planning and Programming to conduct an evaluation of the national strategy to reduce malnutrition, which has been supported by UNICEF since 2012. Three major evaluations are planned, linked to the Mayan Joint Programme (mid-term), the Child Protection component (mid-term) and the Government-led Zero Hunger Plan.

Annex

Results and resources framework

Guatemala-UNICEF country programme of cooperation, 2015-2019

Relevant Articles of the Convention on the Rights of the Child: 1, 2, 3, 4, 12, 17, 26 and 27
National Priority (related Millennium Development Goals/Millennium Declaration Commitments or other internationally recognized goals): National Priorities Plan 2012-2016. Zero Hunger; Security, Justice and Peace; Fiscal and Competitiveness Pact; MDGs 1-7.

UNDAF OUTCOME INVOLVING UNICEF:

- Households in rural areas gain food and nutrition security with integrated and sustainable approach.
- The priority populations increase access to and retention in education, including technical training, such as quality, inclusive and culturally relevant literacy learning.
- The priority populations increase access to and use of integrated quality health services, which are culturally relevant and inclusive.
- The system of Urban and Rural Development Councils and the relevant governmental institutions develop policies and invest to promote the protection, adequate use and conservation of natural resources, and community resilience in face of natural phenomena.
- The public security institutions adopt civilian, preventive and democratic security approach, with human rights perspective.
- The priority populations have improved protection and violence prevention systems in their public and private environment.
- The judicial sector institutions increase efficiency and effectiveness in solving cases, with a focus on inclusion and equity.
- Indigenous people, especially youth and women, exercise active citizenship and effectively participate in decision-making on development issues at community, municipal, departmental and national level.
- Public institutions and civil society develop defense mechanisms against all forms of stigma and discrimination against LGBT people, women, indigenous people and other vulnerable groups.

Outcome indicator measuring change that includes UNICEF contribution:

- % of pregnant women and lactating mothers, and % of boys and girls under 24 months accessing the interventions of the first 1,000 days.
- % of each central governmental institution budget assigned and implemented by programme, project and activities to reduce food insecurity and malnutrition
- preschool enrolment rate
- primary school gross completion rate
- secondary school enrolment
- % of the national budget assigned to and implemented by the public education institutions
- % of birth attended by skilled personnel
- Number of communities and municipalities certified in Disaster Risk Reduction(DRR) and resilience by the National Coordination for Disaster Reduction
- Number of new national public management instruments in violence prevention
- Number of education institutions that implement a violence prevention strategy with emphasis on the most vulnerable groups

• Number of organizations and indigenous communities, in prioritized municipalities, that know and exercise their rights, in particular their right to participate in decision-making and public policies which affect them • Number of public institutions adopting policies to eliminate stigma and discrimination towards vulnerable groups.							
Related UNICEF Strategic Plan Outcome(s): (from Strategic Plan 2014-2017): Social inclusion; Child protection; Education; Nutrition-Health-HIV & AIDS-WASH.							
UNICEF Outcomes	*Key Progress Indicators, Baselines and Targets*	*Means of Verification*	*Indicative Country Programme Outputs*	*Major Partners, Partnership Frameworks*	*Indicative resources by CP Outcome (in millions of US$)*[1]		
Social Inclusion: By the end of 2019, excluded and disadvantaged boys and girls and adolescents benefit from a policy that accelerates social inclusion to fulfil their rights for survival and develop their full potential.	1. Number of new National Social Protection Programmes for adolescent mothers, families with children living with disabilities and families with children affected by HIV that help them overcome economic and social barriers BL: 0/2014, G: 3/2019. 2. Number of families with children living in indigenous areas covered by existing social protection programmes BL: 91,250/2013, G: 320,000/2019 3. Number of public policies addressing early childhood development, child marriage and children living with disabilities implemented adequately BL: 0/2014, G: 3/2019	Administrative information of MIDES Ministry of Public Finance	**Output 1:** Improved capacity of government institutions to adopt and implement a national social protection plan with adequate budget, and to offer equitable social protection programmes for boys and girls, including adolescents. **Output 2**: Increased capacity of CONJUVE to promote adolescent participation, in particular of disadvantaged children, to develop their skills and opportunities to participate in decision making processes. **Output 3.** Increased knowledge and ability of girls and adolescents, particularly out-of-school indigenous girls in rural areas, to demand social services.	*MIDES CONJUVE Municipalities Civil Society*	***RR 1.9***	***OR 5.3***	***Total 7.2***

[1] Figures are rounded to the nearest tenth.

	4. Public social expenditure for children and adolescents as a percentage of GDP. BL: 3.1% /2014, G: between 4.5% and 8% /2019		**Output 4**. Increased capacity of State institutions to monitor social investment in children, to produce and analyse reliable and disaggregated statistics on children and women, and to follow up on the recommendations of CRC and CEDAW.				
Protection of children and adolescents: By the end of 2019, girls and boys benefit from and access decentralized child protection mechanisms and programmes that prevent and protect them from violation of rights, primarily violence, abuse, exploitation and neglect.	1. Number of institutions with internal regulations in line with CRC BL: 8/2014 , G: 15/2019 2. Number of children in State residential care. BL: 1,925/2013 G: 1,500/2019 3. % of adolescents in conflict with the law sentenced to alternative measures to detention. BL: 53%/2013, G: 70%/2019 4. Availability of an information system providing reliable and disaggregated data on birth registration coverage. BL:0/2014, G1/2019	Administrative information of CNA/ SBS/ PGN/ MOE/ MoH/ MIDES/ MINGOB/ OJ/INACIF Study of perception Administrative information of National Parliament.	**Output 1:** Child protection mechanisms at central, regional, municipal level developed, with adequate resources and information system articulating the prevention and response to violation of rights. **Output 2**: Improved capacity of institutions and key duty-bearers to provide pertinent, gender and age sensitive, specialized protection services to family, to children without parental care, children affected by violence, abuse, exploitation and neglect, including in humanitarian situations. **Output 3**: Improved capacity of justice sector to conduct efficient and reliable investigation into crimes against children and establish mechanisms to reduce re-victimization. **Output 4.** Increased public knowledge and awareness of	*CNA* *SBS* *Parliament* *Municipalities*	***RR*** ***1.5***	***OR*** ***15.2***	***Total*** ***16.7***

			children's rights to protection and rejection of violence, including gender-based violence, abuse, exploitation, negligence and impunity of crimes against children, to contribute to a protective environment.				
Education for life: By the end of 2019, boys and girls, particularly indigenous in rural communities, access and complete at least 1 year of preschool and full primary education, and have increased opportunities to complete secondary education.	1. % of net 1-year completion of preschool (of 6 year-old children) by sex, ethnicity and geographical areas. ***National level:*** BL: 45%/2013, G: 49%/2019 ***Priority municipalities:*** BL: 37%/2013, G: 42%/2019. 2. % of children reaching the 6th grade at official age disaggregated by sex, ethnicity and geographical areas. ***National Level:*** BL: 33.5%/2013, G: 37.5%/2019 ***Priority municipalities:*** BL: 30.8%/2013, G: 35.8%/2019. 3. % increase in gross enrolment to the first year of secondary education disaggregated by sex, ethnicity and geographical areas. ***National Level:*** BL: 85.4%/2013, G: 90.4%/2019 ***Priority municipalities:*** BL: 67.6%/2013, G 75.6%/2019.	MoE annual administrative statistics.	**Output 1:** Increased capacity of the Ministry of Education to adopt and apply standards and regulations, to implement management mechanisms, and to adjust budget to meet the need toward the universalization of preschool, primary and secondary education at the right age. **Output 2**: Increased skills and abilities of parents and community members to contribute to the improvement of school environment, timely enrolment to preschool and primary school and demand secondary education opportunities in targeted areas. **Output 3.** Enhanced capacity of MoE to use performance monitoring network, management and support mechanisms to guarantee positive, culturally relevant, inclusive, and gender sensitive learning experiences in schools and develop resilient communities in targeted areas.	*Ministry of Education* *Civil Society* *Local Government*	***RR 0.9***	***OR 9.3***	***Total 10.2***

Healthy start for life: By the end of 2019, women, girls and boys, particularly those in rural indigenous areas, access comprehensive package for health, nutrition and WASH, to guarantee the healthy growth and development, in particular during the child's first 1,000 days (from conception to 2 years of age), and to prevent and reduce chronic malnutrition and morbidity/ mortality.	1. % of children under 5 years who are moderately and severely stunted ***National Level:*** BL: 49.8%/2008/9, G: 44.8% /2019) ***Priority municipalities***[20]***:*** BL: 59.9%/2012, G: 49.9%/2019. 2. % exclusive breastfeeding rate among children 0-5 months old. ***National Level:*** BL: 49.6%/2008-2009, G: 64.6 % /2019 3. % of women attended at least four times during their pregnancy by any health service provider. BL: TBD by 2015, G: Increase by 10 percentage points/2019 4. % of health budget allocated specifically for interventions to reduce malnutrition. BL: 10.8%/2014, G: 18%/2019	MoH annual administrative statistics *ENSMI 2008/2009* *ENSMI 2014* *ENSMI 2019* *ICEFI*	**Output 1:** Strengthened management and coordination mechanisms of the governmental institutions linked to the 1,000 days-initiatives to accelerate the reduction of malnutrition in a healthy environment, including emergency situations. **Output 2**: Increased capacity of the health services (at priority municipalities) to reach all women (emphasis on pregnant women) and infants to provide antenatal care, including EMTCT service, nutrition supplementation and counselling, to support their healthy development **Output 3.** Improved capacity of parents and caregivers to apply appropriate nutritional and healthy practices to their children in targeted areas	*Ministry of Health* *SESAN*	***RR 1.5***	***OR 10.2***	***Total 11.7***
Total Resource					***5.8***	***40.00***	***45.8***

CNA: National Adoption Council
CONJUVE: National Youth Council
ENSMI: Demographic and Health Survey
ICEFI: Central American Institute of Fiscal Studies

[20] 166 priority municipalities defined in the national strategy to reduce chronic malnutrition.

INACIF:	National Institute of Forensic Science
MIDES:	Ministry of Social Development
MINGOB:	Ministry of Interior
MoE:	Ministry of Education
MoH:	Ministry of Public Health and Social Assistance.
OJ:	The Judiciary
PGN:	Solicitor General's Office
SESAN:	Presidential Secretariat for Food and Nutritional Security